## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

0/333

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			39					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		* 12			X\$ 9=		OR	X\$18=	216. 3
INDEPENDENT CLAIMS			6 minus 3 =		* 3		-	X42=		OR	X84=	252.00
MUI	_TIPLE DEPEN	DENT CLAIM PF	RESENT					+140=		OR	+280=	
* if 1	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								SMALL E	ENTITY	OR	OTHER SMALL	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)		SMALL L			311176	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·
AME	Independent	*	Minus	***	TOLAINA	=		X42=		OR	X84=	
لــا	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	ENDEN	I CLATIVI			+140=		OR	+280=	
							l	TOTAL		OR	TOTAL	
	· (Oalumn 0) (Oalumn 0)							ADDIT. FEE			ADDIT. FEE	
		(Column 1) CLAIMS			ımn 2) HEST	(Column 3)	1 1	·	ADDI	1 1		ADDI
ENT B		REMAINING AFTER AMENDMENT		NUM PREVI	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIN	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	'ENUEN	- CLAHVI		J	+140=		OR	+280=	
								TOTAL		OR	TOTAL	
ADDIT. FEE									<u> </u>		ADDIT. FEE	
_		(Column 1) CLAIMS			JMN 2) HEST	(Column 3)	1,			1		
NTC		REMAINING AFTER AMENDMENT		NUM PREV	MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
ME	Independent	*	Minus	***				X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚┃	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR ADDIT. FEE												
	The "Highest Nur	mber Previously Pa	aid For" (Total c	r Indepen	dent) is th	e highest number	er fou	and in the ap	propriate bo	x in co	olumn 1.	